



**APPLICATION FOR SALES TAX LICENSE
CITY OF GUNNISON
P.O. BOX 239 - GUNNISON, CO 81230**

NOTE: ALL QUESTIONS MUST BE ANSWERED

1. _____
Trade Name/Doing Business As
2. _____
Owner, Partner or Corporation Name
3. _____
Place of Business Address
4. _____
Mailing Address (if different)
5. _____ / _____
Business Phone Home Phone
6. What do you sell? _____
7. Starting Business Date: _____
8. Is the proposed business authorized in the use zone in which it is located?
Yes _____ No _____
Will you be vending on city property? Yes _____ No _____
Community Development initials _____ Date _____
9. Tax Returns Will Be Filed: Monthly _____ Quarterly _____ Annually _____
10. Colorado State Sales Tax Number: _____

Please check the above information for errors. If any portion is incorrect, please correct and return to the above address. If your business has been terminated, please call or write this office in order for your name to be removed from our records. If your name is not removed, it will be carried on a delinquency report from the State.

Please return this completed application to the above address, along with your remittance of \$10.50 for your 2009 Sales Tax Permit. The 2009 Permit is effective 1/1/2009

Application Date/Renew Date

Signature of Applicant

Title

ANNUAL RENEWAL: \$10.50

APPLICATIONS (PRIOR TO JULY): \$10.50

JULY TO DECEMBER: \$ 5.75